

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Louis E. Costa
Clerk, Appellate Court
Fifth Judicial District
14th & Main Sts.
Mt. Vernon, IL 62864-0018

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *E. O. Rowe*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

08/21/03

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

02-0169

C. CL

S Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender, Please print your name, address, and ZIP+4 in this box •

ILLINOIS
COMMERCE COMMISSION

Illinois Commerce Commission
527 East Capitol Avenue
Springfield, Illinois 62701

ATTN: CHIEF CLERKS

